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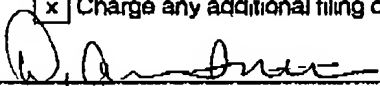

MAR 30 2004

FAX TRANSMISSION**DATE:** March 30, 2004**PTO IDENTIFIER:** Application Number 10/047202-Conf. #7856
Patent Number**Inventor:** Jiri ZEMLICKA et al.**MESSAGE TO:** Mark L. Berch - US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP
DeAnn F. Smith**PHONE:** (617) 227-7400**Attorney Dkt. #:** WSV-374CPCN**PAGES (Including Cover Sheet):** 16**CONTENTS:** Amendment and Response Under 37 C.F.R. §1.111 (6 pages)
Amendment Transmittal (1 page; in duplicate)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page; in duplicate);
Fee Transmittal (1 page; in duplicate);
Terminal Disclaimer (2 pages);
Certificate of Transmission under 37 CFR 1.8 (1 page); and
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LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
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AMENDMENT TRANSMITTAL LETTER				Docket No. WSV-374CPCN	
Application No. 10/047202-Conf. #7856		Filing Date January 14, 2002		Examiner Mark L. Berch	
				Art Unit 1624	
Applicant(s): Jiri Zemlicka et al.					
Invention: 2-HYDROXYMETHYLCYCLOPROPYLIDENEMETHYLPURINES AND -PYRIMIDINES AS ANTIVIRAL AGENTS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 72 =		x	0.00
Independent Claims	5	- 5 =		x	0.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 DeAnn F. Smith Attorney Reg. No.: 36,683 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>March 30, 2004</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.					
Dated: March 30, 2004		Signature:  (DeAnn F. Smith)			

PTO/SS/17 (10-02)
Approved for use through 10/31/2002 OMB 0651-0032

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$) 530.00	
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METHOD OF PAYMENT (check all that apply)		Complete if Known	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number: 12-0080		Application Number: 10/047202-Conf. #7856	
Deposit Account Name: Lahive & Cockfield, LLP		Filing Date: January 14, 2002	
The Commissioner is hereby authorized to: (check all that apply)		First Named Inventor: Jiri ZEMLICKA	
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of the application		Examiner Name: Mark L. Berch	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-designated deposit account.		Group Art Unit: 1624	
		Attorney Docket No.: WSV-374CPCN	

FEE CALCULATION		FEE CALCULATION (continued)	
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1. BASIC FILING FEE		3. ADDITIONAL FEES	
Large Entity	Small Entity	Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)
1001 750	2001 375	1051 130	2051 65
1002 330	2002 165	1052 50	2052 25
1003 520	2003 260	1053 130	2053 130
1004 750	2004 375	1812 2,520	2520 2,520
1005 160	2005 80	1804 920*	2520 920*
SUBTOTAL (1) (\$) 0.00		Fee Description: Surcharge - late filing fee or oath	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		Fee Description	
Large Entity	Small Entity	Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)
1202 18	2202 9	1251 110	2251 55
1201 84	2201 42	1252 410	2252 205
1203 280	2203 140	1253 930	2253 465
1204 84	2204 42	1254 1,450	2254 725
1205 18	2205 9	1255 1,970	2255 985
SUBTOTAL (2) (\$) 0.00		1401 320	2401 160

SUBTOTAL (3) (\$) 530.00		SUBTOTAL (3) (\$) 530.00	
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SUBMITTED BY		Complete if applicable	
Name (Print/Type): DeAnn F. Smith	Registration No. (Attorney/Agent): 36,683	Telephone: (617) 227-7400	Date: March 30, 2004
Signature: <i>DeAnn F. Smith</i>			

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Dated: March 30, 2004 Signature: *DeAnn F. Smith* (DeAnn F. Smith)

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